



Town of Nantucket

APPLICATION FOR CONNECTION/DISCHARGE
TO STORMWATER COLLECTION SYSTEM

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

Contact Person: _____ Phone: _____

Address of Connection/Discharge: _____

Purpose of Connection/Discharge: _____

☐ Temporary connection ☐ Permanent connection

Please attach description and plan of proposed connection.

Applicant's Signature: _____ Date: _____

Marine & Coastal Department ☐ APPROVED ☐ DISAPPROVED ☐ Add. Information Needed

Signature: _____ Date: _____

Conservation Commission ☐ APPROVED ☐ DISAPPROVED ☐ Add. Information Needed

Signature: _____ Date: _____

Health Department ☐ APPROVED ☐ DISAPPROVED ☐ Add. Information Needed

Signature: _____ Date: _____

Department of Public Works ☐ APPROVED ☐ DISAPPROVED ☐ Add. Information Needed

Signature: _____ Date: _____

APPROVED: _____ Date: _____

Libby Gibson, Town Manager

Notes: _____
